

ATTACHMENT 2: WATER QUALITY SAMPLING RECORD FOR WESTBAY® WELLS

SOP-5225-2

Water Quality Sampling Record for Westbay® Wells

Records Use Only



Water Quality Sampling Record for Westbay® Wells

Date: _____

Page 1 of 2

Project: _____

Field Team Member Signature: _____

(Print name and title, then sign)

WATER SAMPLED

Well Number: _____

Sample Type: _____

Zone Number: _____

Depth: _____

Sampling Period: Start _____

Complete: _____

SAMPLE INFORMATION

Sample Probe: _____

Filter Size: _____

Thermometer ID: _____

EC Meter ID: _____

pH Meter ID: _____

Dissolved O₂ Meter ID: _____

Turbidity Kit ID: _____

Alkalinity Kit ID: _____

SAMPLE TYPES

F – Field

EQB – Equipment Blank

FD – Filed Duplicate

PEB – Performance Blank

FTB – Field Trip Blank

FB – Field Bank

